

"USING OLD RESOURCES IN NEW SETTINGS"

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A former professor and long-standing friend of mine often admonished his students: "If you don't know where you are going, all roads will get you there."¹ So before we discuss using old or existing resources in new settings, let's briefly describe the settings.

The settings I am talking about are small, personalized, integrated living arrangements in the general community for retarded and other developmentally disabled folks. By small, I mean very small. Like living arrangements in homes and apartments for from one to four persons, seldom more. By personalized, I mean designed by, for, and with real live people, based upon their quirks, interests and needs first and foremost. By integrated, I mean in the same types of communities and neighborhoods where we find so-called normal folks living and working. I am speaking not just about proximity, but about interaction and interdependency, about active participation in one's own and in other's lives.

I'm not talking about half-way houses, or boarding houses, or group homes for 12 people, nor about new institutions nor regional centers or nursing homes or secluded handicapped villages.

The new settings I'm talking about aren't really that new

¹Arthur Pearl, Ph. D., Professor of Education, University of California at Santa Cruz, Author, Lecturer, Mentor.

either. It's just that there are too few of them. Or, rather that there are still tens of thousands of persons who are daily denied access to these places. I'm talking about settings which demystify the every day experience for persons with disabilities. In brief, all you and I and the folks we purport to serve need are good places to live, something worthwhile to do during the day, leisure time options, and some minimal health care services. These can best be provided in our real communities, despite the problems of living which we all encounter.

I agree wholeheartedly with Blatt and Kaplan in The Family Papers: "We must evacuate the institutions for the mentally² retarded."

Unfortunately, like most good thoughts, it is easier to say than to accomplish.

Which brings me to the major theme of this discussion: that of transferring institutional resources into community service settings.

First, we have to understand some basic facts. Almost all states (Pennsylvania and Rhode Island being the only two exceptions) spend well over half of their public funds for retarded and developmentally disabled citizens in large, segregated, institutional settings. Most states are experiencing severe shrinkages in public dollars availability and the first things to be cut in the face of decreasing budgets are new programs. More than 70% of all institutional costs are tied up in personnel. Massive layoffs of

² Blatt, Burton, and Kaplan, Fred, The Family Papers: A Return to Purgatory, New York: Longman, 1979.

public employees are often politically undesirable and always costly, both in terms of client turmoil and in terms of real dollars for litigation and unemployment compensation.

Assuming the above, we made some other assumptions in Rhode Island. These include the following notions: 1) that state or public employees are not inherently evil or lazy or unmotivated. We assume they, like other workers, will perform about as well as their training and supervision allows. In fact, some of my best friends are state employees; 2) we assume that anybody who has invested five or more years in a job or career has some motivation to keep that job, even if the site changes. Vestment in a retirement system is a strong motivator for many persons. In fact a recent "climate survey" of state employees in Rhode Island indicated that a good retirement system and other benefits were primary reasons for many persons to seek state employment;³ 3) we assume that stability in the care-giving work force is one of the critical variables in successfully communitizing formerly institutionalized persons; and when you can transfer staff and clients who know and like each other into small community settings, and obtain staff stability and prevent excessive turnover, then we are optimizing the chances for success for our clients; 4) we assume that the state employees we transfer are at least as good as the folks who are hired off the street by private, non-profit providers; not necessarily better, but not necessarily worse, either; 5) we assume that many state institution employees do actually care

³ Hay Associates, Recommendations to Reduce Overtime in the Department of Correction (DOC) and the Department of Mental Health, Retardation and Hospitals (MHRH), Final Report to the R. I. General Assembly, 1982.

about their charges, despite the abominable living and working conditions in institutions; 6) and, finally we assume that many staff would be loathe to perform quality services for their clients if such success guaranteed the loss of a job well done.

We also recognized that in order to communitize our clients, we had to deinstitutionalize our staff. There were some other variables we had to consider. For example, many of our private providers (who operate most of our community programs to date) were woefully ill-prepared to cope with the ideosyncracies of long-term institutionalized clients. Worse, all too many of our providers were unwilling to change. They kept demanding a better class of clientele, often refusing to serve persons with behavior problems or multiple handicaps. Some providers claimed they merely needed more money to serve such clients, but offers of more money and higher rates merely generated some new excuses. Meanwhile, people languished.

So we sat down with our employees and their Union, and developed an agreement. To wit: the State won't lay anybody off, so long as employees would accept assignments in small settings throughout the State.⁴

Prior to the final agreement we contracted for a careful analysis of staff turnover projections,⁵ to see if we could expect staff attrition to free up enough dollars from the institution to enable us to contract with private providers of

⁴Memorandum of Agreement, April 30, 1980.

⁵Staff Transition of Joseph H. Ladd Center, Intergovernmental Policy Analysis Program, University of Rhode Island, 1980.

service and meet our timetables.

We also funded studies of the profile of state employees at the institution and attitudinal surveys about the employees' interests in moving into community settings.⁶

The results of these studies were somewhat surprising and very pleasing. First, some demographic information showed us that our employees lived all over the state - remember Rhode Island is the biggest little state in the country! It showed that fewer than 20% of our employees had more than 15 years of service, but that almost 50% had more than 10 years of service. So they were pretty much locked in. Other items showed that almost 25% of our non-professional employees had a college degree or at least some college coursework. Another 60% had graduated from high school; 60% of non-professional employees are female at our facility. About 59% of our employees expressed a willingness to bid on a community job in our first survey.

The second survey was even more compelling. This survey showed that employees had little information about the community, but, that if certain measures were taken, most employees would be interested in a new position in the community. For example, 38% of the employees said they had had "no contact" with community programs, and only 12% had previously worked in community programs. Yet, 85% of all employees surveyed expressed a willingness to transfer voluntarily to the community if they had more information

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Ibid and "Employee Survey: Division of Retardation, 1980."

and appropriate preparation and training.

Not surprisingly, decreased transportation costs by accepting a new assignment closer to home, or higher wages were also motivators.

Maybe, most importantly, our union leadership was not fighting the move to the community. Instead, they were promoting it as offering better services for clients and better working situations for employees.

One thing we found is that attrition is not the answer.

Although it seems we always have too many vacancies, the turnover study showed that relatively few employees leave in any one year - if they get past the first 18 months. So, to simply draw down the staff population by attrition was not the way to do.

One other expected finding was that the long term employees, those with 20 years or more, were the least interested in moving.

Subsequent studies by several master's degree candidates found some interesting results during interviews of some of the first employees to move out.⁷ The first group to move averaged about six years of prior service. Obviously, they were willing to be risk takers, since many other employees never thought this community stuff would work and told them so. The staff persons who moved out talked about "getting to know the residents as persons for the first time," "for the first time being able

⁷ Babin, Susan L. and Quattromani, Albert J. "Effects of Job Environment on Personal Satisfaction and Motivation of Employees," 1981; and Bemis, Bette L., "Employee Attitudes toward Decentralization," 1980.

to see them as real people," being "amazed at the progress the residents made." One person described the move in these terms: "It's like I died and went to Heaven." The employees who have moved out are clearly happier than before. Sick time use is down by 80%, as one measure.

The progress of the formerly institutionalized persons - staff and clients has been amazing.

Staff identified several problems, which have now been addressed in our training packages. For example, staff talk about the need for more initiative. There are few supervisors out there, so staff have to be able to take action on their own. A few staff saw the community as a place to slack off. They soon found it was easier to hide in a big institution than in the community, especially with few other staff around, and with the prying eyes of the local neighbors.

We have developed a comprehensive training curriculum to⁸ prepare staff for these new settings. Some of the packages are pretty unusual for direct care staff from institutions. Like "How to Access the Local Community Recreation Options" and "How to Meet Your New Neighbors." Remember, these staff are the primary contact point for inquisitive, fearful or even hostile neighbors.

To date we have moved over 300 staff from a state institution into various community settings serving persons with retardation or similar disabilities. These settings include supervised

⁸"Development of an Upgrading Curriculum" AFSCME Career Development in Rhode Island, Inc., 1981.

apartment settings in 10 locations throughout the state, where we have rented 5 or 6 apartments in a large complex and have moved almost all of our ambulatory elderly clients out of the institution. The clients went in a small group with their life long friends, since the average length of institutionalization of these folks was over 40 years. They also went with staff they knew and who knew them. Only two clients have returned to date. Only two staff have left so far as well. These programs have been in operation for almost 2 years.

Others work in specialized day programs, including our state-wide early intervention program, and two day care developmental centers for adults which we have opened. Five small group homes for formerly institutionalized persons will open in the next several months. Other service settings are being developed at this time, such as crisis and respite homes and services for non-institutionalized persons, other supervised living arrangements, and additional family support modules. Today, and in the future, we anticipate continuity and growth in both the private and public sector in service provision and we almost have parity in salary between public and private programs.

It has been an exciting experience. In three years we have reduced the institutional population by almost 40% from 750 people to less than 500. Day services have more than doubled, from 800 plus to almost 3000 persons. We have established 50 small group homes and have 25 more opening in the next 12 months and we had only 7 homes in 1979. More than 300 people live in semi or fully

supervised apartment settings, where we only had about 100 three years ago.

The institutional budget has been decreased by about 33%, with all of these savings transferred to the community.

Some careful planning, responsible union leadership, and a very supportive Governor are showing that even in these tough fiscal times, it is possible to make progress.

In conclusion, I feel that I should say something awful about Ronald Reagan. But, I guess his actions speak louder than my words. In Rhode Island we are making progress, and will continue to, in spite of him and his regressive and invidious policies. We are doing this by moving old resources into new settings.

Thank you.